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| 2005   |                                  | U.S. Pate   | nt and Tr            | rademark Office                | • U.S. DI             | PTO/SB/21 (02-04)<br>h 07/31/2006. OMB 0651-0031<br>EPARTMENT OF COMMERCE |               |  |
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| TRANSMITTAL  | Filing Date July 9, 2003         |   |                      |                                |                       | ]   |               |  |
| FORM   | First Named Inventor Cortina     |   |                      |                                |                       |   |               |  |
| (to be used for all correspondence after   | Art Unit                         | 2000  |                      |                                |                       |   |               |  |
| •  | Examiner Name                    | Van Thanh Trieu   |                      |                                |                       |   |               |  |
| Total Number of Pages in This Submission   | an 30                            | Attorney Docket Number  | 67174929.001101      |                                |                       |   | )             |  |
| Total Number of Fuges in Time  |                                  | LOSURES (Check all tha  | t annh               |                                |                       |   | 7             |  |
| Fee Transmittal Form   |                                  | Drawing(s)  |                      | Afte                           |                       | ance communication gy Center (TC)   | 1             |  |
| Fee Attached   |                                  | Appeal Communication to Bo of Appeals and Interferences               |                      |                                |                       |   |               |  |
| ✓ Amendment/Reply  | Appeal Communication to 10       |   |                      |                                |                       |   |               |  |
| After Final  |                                  | Petition to Convert to a<br>Provisional Application                   |                      |                                |                       | Information   |               |  |
|  |                                  | Power of Attorney, Revocation Change of Correspondence Address        |                      |                                | us Letter             |   |               |  |
| Affidavits/declaration(s)  | Terminal Disclaimer              |   |                      |                                | osure(s) (please      |   |               |  |
| Extension of Time Request  |                                  |   |                      | 1                              | ntify bek<br>turn Po  | ostcard   | }             |  |
| Express Abandonment Reques   | *                                | Request for Refund  |                      |                                |                       |   | 1             |  |
| Information Disclosure Statement   | ent Rema                         | CD, Number of CD(s)   | <del></del> -        | l                              |                       |   | ┨.            |  |
| Certified Copy of Priority Document(s)   | Likema                           | 1113  |                      |                                |                       | * }   |               |  |
| Response to Missing Parts/<br>Incomplete Application   |                                  |   |                      |                                |                       |   |               |  |
| Response to Missing P under 37 CFR 1.52 or 1   |                                  |   | · . <del>-</del> -   |                                |                       |   |               |  |
|  |                                  | OF ARRUPANT ATTORN  | IFV C                | D ACENT                        | <del></del>           |   | $\frac{1}{2}$ |  |
| <del></del>  |                                  | OF APPLICANT, ATTORN  | E1, C                | A AGENT                        |                       |   | 1             |  |
| Firm Howard N. Wish Individual name Baker & McKen  |                                  |   |                      |                                |                       |   |               |  |
| Signature  |                                  |   |                      |                                |                       |   | -             |  |
| Date April 22, 2005  |                                  |   |                      |                                |                       |   | ز             |  |
|  | CERTIFI                          | CATE OF TRANSMISSIO   | N/MAI                | LING                           |                       |   | 4             |  |
| I hereby certify that this correspondent sufficient postage as first class mail in the date shown below. | e is being facs<br>an envelope a | simile transmitted to the USPTO o<br>ddressed to: Commissioner for Pa | r depos<br>atents, F | ited with the<br>P.O. Box 1450 | United \$<br>0, Alexa | States Postal Service with<br>ndria, VA 22313-1450 on                     |               |  |
| Typed or printed name Lori   | Siron,                           | Baker & McKenzie I  | LP                   |                                |                       |   |               |  |
| Signature Low  | L. Siro                          | N   |                      |                                | Date                  | April 22, 2005  |               |  |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (12-04v2)

| PR 2 5 2005   | on Act of 199                      | 95 no persons are red          | uired to r    | U.S. Pater   | nt and Tra | demark Office  | ce: U.S. DE   | n 07/31/2006. OMB 0651-0032<br>PARTMENT OF COMMERCE<br>is a valid OMB control number |  |  |  |  |
|---|------------------------------------|--------------------------------|---------------|--|------------|----------------|---------------|--|--|--|--|--|
| Effective on 12/08/2004.  |                                    |                                |               | espond to a collection of information unless it displays a valid OMB control number  Complete if Known |            |                |               |  |  |  |  |  |
| Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).   |                                    |                                |               | Application Nu   | 10/615,0   | ·<br>/615,026  |               |  |  |  |  |  |
| FEE TRANSMITTAL   |                                    |                                |               | Filing Date July   |            |                | 9, 2003       |  |  |  |  |  |
| For FY 2005   |                                    |                                |               | First Named In   | Cortina    | ortina         |               |  |  |  |  |  |
|   |                                    |                                |               | Examiner Name Trieu  |            |                | eu            |  |  |  |  |  |
| Applicant claims small entity status. See 37 CFR 1.27   |                                    |                                | Art Unit      | 2636   | 336        |                |               |  |  |  |  |  |
| TOTAL AMOUNT OF PAYM  | OTAL AMOUNT OF PAYMENT (\$) 225.00 |                                |               | Attorney Docke   | 6717492    | 7174929.001101 |               |  |  |  |  |  |
| METHOD OF PAYMENT (check all that apply)  |                                    |                                |               |  |            |                |               |  |  |  |  |  |
| Check Credit Card Money Order None Other (please identify):   |                                    |                                |               |  |            |                |               |  |  |  |  |  |
| Deposit Account Deposit Account Number: 13-0480  Deposit Account Name: Baker & McKenzie LLP   |                                    |                                |               |  |            |                |               |  |  |  |  |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |                                    |                                |               |  |            |                |               |  |  |  |  |  |
| Charge fee(s) indicated below  Charge fee(s) indicated below  |                                    |                                |               |  |            |                |               |  |  |  |  |  |
| Charge any additional fee(s) or underpayments of fee(s)   |                                    |                                |               |  |            |                |               |  |  |  |  |  |
| under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card   |                                    |                                |               |  |            |                |               |  |  |  |  |  |
| information and authorization on PTO-2038.  |                                    |                                |               |  |            |                |               |  |  |  |  |  |
| FEE CALCULATION   |                                    |                                |               |  |            |                |               |  |  |  |  |  |
| 1. BASIC FILING, SEAR   | CH, AND<br>FILING                  |                                |               | RCH FEES   | ΕΥΔΙ       | MINATION       | VEEES         |  |  |  |  |  |
|   |                                    | Small Entity                   |               | <b>Small Entity</b>  |            | Small          | Entity        | F-5- D-14 (6)  |  |  |  |  |
| Application Type  | Fee (\$)                           | Fee (\$)                       | Fee (\$       |  | <u>Fee</u> |                | <u>∍ (\$)</u> | Fees Paid (\$)   |  |  |  |  |
| Utility   | 300                                | 150                            | 500           | 250  | 200        | _              | _             |  |  |  |  |  |
| Design  | 200                                | 100                            | 100           | 50   | 130        | -              | 55            |  |  |  |  |  |
| Plant   | 200                                | 100                            | 300           | 150  | 160        |                | 80            |  |  |  |  |  |
| Reissue   | 300                                | 150                            | 500           | 250  | 60         | 0 30           | 00            |  |  |  |  |  |
| Provisional   | 200                                | 100                            | 0             | 0  | (          | 0              | 0             |  |  |  |  |  |
| 2. EXCESS CLAIM FEE Fee Description   | S                                  |                                |               |  |            | F              | ee (\$)       | Small Entity<br>Fee (\$)   |  |  |  |  |
| Each claim over 20 (in  | ncluding l                         | Reissues)                      |               |  |            | _              | 50            | 25   |  |  |  |  |
| Each independent clai   |                                    |                                | ues)          |  |            |                | 200           | 100  |  |  |  |  |
| Multiple dependent cl   |                                    |                                |               |  |            |                | 360           | 180  |  |  |  |  |
|   | Extra Clai                         |                                | Fee           | e Paid (\$)  |            |                |               | ependent Claims  |  |  |  |  |
| 20 or HP =<br>HP = highest number of total  | daims paid                         | X<br>for, if greater than 20.  | -⁼ —          | <del></del>  |            |                | Fee (\$)      | Fee Paid (\$)  |  |  |  |  |
| Indep. Claims   | Extra Clai                         |                                | Fee           | Paid (\$)  |            | -              |               |  |  |  |  |  |
| - 3 or HP =   | endent clain                       | X<br>ns paid for, if greater t | _ =<br>han 3. |  |            |                |               |  |  |  |  |  |
| HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE   |                                    |                                |               |  |            |                |               |  |  |  |  |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 |                                    |                                |               |  |            |                |               |  |  |  |  |  |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).   |                                    |                                |               |  |            |                |               |  |  |  |  |  |
| Total Sheets  |                                    |                                |               |  |            |                |               |  |  |  |  |  |
| 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  |                                    |                                |               |  |            |                |               |  |  |  |  |  |
| Other (e.g., late filing surcharge): Extension of Time - 2 months \$225.00  |                                    |                                |               |  |            |                |               |  |  |  |  |  |
| SUBMITTED BY /  |                                    |                                |               |  |            |                |               |  |  |  |  |  |
| Signature 41.   | //                                 |                                |               | Registration No.   | 37 502     |                | Telephor      | <sup>1e</sup> (619) 235-7750   |  |  |  |  |

(Attorney/Agent) Date April 22, 2005 Name (Print/Type) Howard N. Wisnia

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.